

## **Emergency Management in Scott County**

The role of the Scott County Emergency Management Agency is to coordinate the resources available to Scott County in an effective and efficient manner in order to minimize the impact of natural, technological, and man-made disasters and emergencies that strike our citizens. The Agency exists to assist local public safety and governmental agencies and coordinate their efforts with each other and with other regional, state, and federal resources.

In general activities of the Scott County Emergency Management Agency fall into the following categories:

- ◆ **Mitigation** – Activities intended to prevent disasters, reduce the likelihood of disasters, or minimize the damaging effects of disasters.
- ◆ **Preparedness** – Plans or preparations made with the purpose of increasing the effectiveness and efficiency of emergency operations.
- ◆ **Response** – Actions taken during a disaster or emergency intended to save lives and protect property.
- ◆ **Recovery** – Activities undertaken to return the community to its normal state following a disaster or emergency.

The Scott County Emergency Management Agency is co-located with the Scott County Emergency Communications Agency. These agencies work together to provide a central point of communications, information gathering and dissemination in large scale emergencies and disasters.

Emergency Management volunteers perform a variety of duties. Volunteers assist with communications by answering telephones and manning radios. They manage data and information on computers and status boards. They work in the field to gather damage assessment data. They work year round on updating emergency plans and resource listings. Our volunteers assist other agencies such as the American Red Cross with shelter operations and the National Weather Service with storm spotting.

Emergency Management volunteers do not, however, perform any law enforcement, fire fighting, or emergency medical duties. They do not do traffic control, crowd control, or scene security. They will, when requested, perform any support function necessary to assist any law enforcement, fire, or EMS agency in carrying out their mission.

### **GENERAL REQUIREMENTS**

1. Applicants must be at least eighteen (18) years of age.
2. Applicants must possess a valid Indiana Driver's License.
3. Applicants must be U.S. citizen or permanent legal resident.
4. Applicants must not have been convicted of a felony.
5. Applicants must complete and have on file an application and submit to a background check which will include a driver's license and criminal history check.

### **TRAINING REQUIREMENTS**

Many training opportunities are available to Emergency Management volunteers. The Indiana State Emergency Management Agency, American Red Cross, National Weather Service, Public Safety Training Institute and others offer training in a variety of skills. Volunteers are encouraged to receive as much training as possible but may be required to attend specific training relating to the nature of the duties they will perform. Volunteer position descriptions will list specific training required.

### **ATTENDANCE REQUIREMENTS**

The Scott County Emergency Management Agency understands that as volunteers individuals have other commitments. The nature of our work, however, requires that we have a dependable staff of persons who can be counted on to be there when an emergency strikes. Emergencies seldom schedule themselves at the most convenient times. Many of our responses will occur in the middle of the night, on weekends or holidays. Volunteers are required to attend at least four of the agency's monthly meetings and at least three agency call-outs such as storm watches, etc.

### **DRESS CODE**

When volunteers report for meetings, emergencies or in any way represent Scott County Emergency Management they shall be expected to dress in an appropriate manner. Volunteers must be neat and clean in appearance. They must be clean shaven or beards and mustaches must be neatly trimmed. Volunteers must carry agency ID as provided by the Scott County Emergency Management Agency.

**Scott County Emergency Management Agency  
Scottsburg, Indiana**

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**VOLUNTEER APPLICATION**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you a U.S. citizen or do you have a right to remain permanently in the U.S.? ☐ Yes ☐ No

Do you have a valid Indiana Drivers License? ☐ Yes ☐ No Type \_\_\_\_\_

Restrictions \_\_\_\_\_ ☐ CDL ☐ Motorcycle ☐ Public Passenger

Do you have a Ham radio license? ☐ Yes ☐ No Class \_\_\_\_\_ Call \_\_\_\_\_

Check all skills that you possess

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> General Keyboarding | <input type="checkbox"/> Multi-Line Telephone     | <input type="checkbox"/> Two Way Radio   |
| <input type="checkbox"/> Word Processing     | <input type="checkbox"/> PBX Telephone            | <input type="checkbox"/> Packet Radio    |
| <input type="checkbox"/> Database            | <input type="checkbox"/> Switchboard              | <input type="checkbox"/> HF Radio        |
| <input type="checkbox"/> Spreadsheet         | <input type="checkbox"/> Internet                 | <input type="checkbox"/> E-mail          |
| <input type="checkbox"/> C++ Programming     | <input type="checkbox"/> Visual Basic Programming | <input type="checkbox"/> SQL Database    |
| <input type="checkbox"/> PowerPoint          | <input type="checkbox"/> NT Networking            | <input type="checkbox"/> Electronics     |
| <input type="checkbox"/> Web Design          | <input type="checkbox"/> Advanced HTML            | <input type="checkbox"/> Computer Repair |
| <input type="checkbox"/> Weather Spotter     | <input type="checkbox"/> Message Handling         |  |

List any other specialized skills or training

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Current employer \_\_\_\_\_

I authorize investigation of any and all statements contained in this application. I understand that any false or misleading statements will be cause for dismissal as an Emergency Management volunteer. I agree to abide by the rules, regulations and policies of the Scott County Emergency Management Agency.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

**Scott County Emergency Management Agency  
Scottsburg, Indiana**

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**Request for Information**

Date \_\_\_\_\_

To: Scott County Sheriff's Department

From: Scott County Emergency Management Agency

\_\_\_\_\_ Criminal History Check

\_\_\_\_\_ Driver's License History Check and Status

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Please perform the above request on:

Name \_\_\_\_\_ Alias/Maiden \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Race \_\_\_\_

Height \_\_\_\_ Weight \_\_\_\_ Hair \_\_\_\_ Eyes \_\_\_\_

Place of Birth \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

Reason for Request \_\_\_\_\_

I certify that this request is in accordance with the policies of the Scott County Emergency Management Agency and that I am aware that unauthorized divulgence of this information may be a felony and may subject me to civil liability. I have attached a signed waiver to this request.

\_\_\_\_\_  
Executive Director, Scott County EMA

\_\_\_\_\_  
Date

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Date Performed \_\_\_\_\_ Performed By \_\_\_\_\_

\_\_\_\_\_ No Record Found

\_\_\_\_\_ Past Criminal History Present (attach copy)

\_\_\_\_\_ Past Driver's History Renders This Subject Unacceptable

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### Authorization to Release Information

As an applicant for a **Volunteer** position with the Scott County Emergency Management Agency, I am required to furnish information for use in determining my qualifications. I authorize the release of any and all information that you may have concerning me including information of a confidential or priveleged nature. I hereby release you, your organization, or others from liability or damage that may result from furnishing the information requested. This release will expire 60 days after the date signed.

I understand that this background investigation may include a driver's license check and a criminal history check.

Printed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Witness

\_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

**Emergency Management Oath**

I, \_\_\_\_\_, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of Indiana against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter. And I do further swear (or affirm) that I do not advocate, nor am I a member of any political party or organization that advocates the overthrow of the government of the United States or of this state by force or violence; and that during such time as I am a member of the Scott County Emergency Management Agency I will not advocate nor become a member of any political party or organization that advocates the overthrow of the government of the United States or of this state by force or violence.

Printed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Witness

\_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_